

Independent Review Board

STATE OF WISCONSIN

MINUTES OF THE MEETING OF JANUARY 16, 2004

Attendance

Board Members: Chair Dr. Jay Gold; Jerry Popowski; Eileen Mallow; and Dr. David Zimmerman.
Absent: Vice-Chair Dr. Paul Millea.

Bureau of Health Information Staff: John Chapin, Director; Judith Nugent, Chief, Person-Level Data and Analysis Section; Wen-Jan Tuan; Collene McHugh; and David Woldseth.

Others Present: Cindy Helstad, Wisconsin Medical Society.

Call to Order

At 10:07 a.m., Dr. Jay Gold called the meeting to order. A quorum was deemed present.

Minutes of the November 21, 2003 meeting

Eileen Mallow made a motion to approve the minutes, and Dr. David Zimmerman seconded the motion. The motion passed, and the minutes were approved.

Election of Chair, Vice-Chair, and Secretary pursuant to § 1.05(1) of the Rules of Order and Procedure

Ms. Mallow made a motion to retain all officers in their current positions for another year. Dr. Zimmerman seconded the motion, and the motion passed. Dr. Gold will remain chair, Dr. Paul Millea will remain vice-chair, and Jerry Popowski will remain secretary.

Change in staff

John Chapin announced that the Wisconsin Hospital Association contract precipitated major changes within the Bureau that have begun and would occur over the next several months. In one change, David Woldseth, who had been staffing the Independent Review Board, has been transferred out of the Bureau of Health Information and into the Bureau of Managed Health Care Programs. For that reason, Collene McHugh will now staff the IRB. Mr. Popowski made a motion to commend and thank Mr. Woldseth for his service. Ms. Mallow seconded the motion, and it passed unanimously.

Policy on severity and/or risk adjustment

Dr. Zimmerman made a motion to consider the policy that he and Mr. Woldseth developed. Ms. Mallow seconded the motion for purposes of discussion. Mr. Popowski wanted to be sure that this policy would not preclude IRB from considering and releasing certain data requests and would permit IRB to look at data requests on a case-by-case basis. Dr. Zimmerman confirmed that, if IRB has a case to consider, they can use risk adjustment for it, and the policy will permit it. Furthermore, this policy gives IRB flexibility as it learns how to use the tools and procedures. As an explicit task, IRB can look for cases where the procedures make sense. Dr. Gold pointed out that by considering actual cases, IRB would wind up with policies. Dr. Zimmerman recognized a need to change the proposed policy to include a commitment that IRB will continue to consider adjustment methodologies. In order to give him time to write an amendment, it was decided to postpone further discussion until later in the meeting.

Board on Health Care Information report

Mr. Popowski told IRB that the December Board on Health Care Information (BHCI) meeting had

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been canceled. Joe Kachelski of the Wisconsin Hospital Association (WHA) visited all Board members and provided them with timetables for the data conversion. Mr. Kachelski had told him that WHA was getting good cooperation from state employees. Dr. Gold asked how the state viewed the data collection transfer. Judith Nugent told IRB that BHI staff met with WHA nearly every Monday to discuss the transition. For patient-level data, WHA has been aiming for data collection readiness on January 26, and they have been contacting the appropriate BHI staff in order to follow up and get questions answered. The legislation gave \$750,000 of the \$1,300,000 raised by assessments to WHA for the data collection. WHA will return \$25,000 to DHFS for the extra time devoted to additional transition work conducted between January 1 and the end of March.

Literature search on risk adjustment strategies

Mr. Chapin and Ms. Nugent reported that they have been working on getting a product for the IRB. To do this, they have been speaking with experts nationally. Ms. Nugent attended a workshop on risk adjustment at a conference in Baltimore. To risk adjust data, three variables must be available: age, gender, and diagnosis code. Ms. Nugent told IRB that 3M might have a product that would benefit them and DHFS. She has been e-mailing someone at 3M for more information, but she has not succeeded in making substantive contact. Ms. Nugent distributed three handouts on ambulatory patient grouping software, clinical risk grouping software, and a paper on relative weighting. Ms. Nugent stated that if IRB asked, 3M would send someone to the next meeting to make a presentation. Board members felt that this would be a good idea, but Ms. Nugent and Mr. Chapin cautioned that DHFS could not commit to purchase or procurement at this time. Dr. Zimmerman offered to host both 3M and the Utah Department of Health on the University of Wisconsin-Madison campus to discuss risk adjustment at the March meeting. The University has already talked with National Association of Health Data Organizations (NAHDO) about having a national risk adjustment conference, and this presentation could help bring the UW more fully into this. Mr. Chapin talked about letting business partners know about this upcoming meeting. The IRB must assure that this meeting will be covered under the state's Open Meetings Law. Dr. Zimmerman will work with BHI staff to make special arrangements for the March meeting.

Production of physician office visit (POV) data

Ms. Nugent stated that first quarter 2003 data had been released and that BHI required users to have signed and notarized Data Use Agreements on file with BHI. The Alliance and Aurora health organizations have both sent good feedback on the data. Both stated that the data would be more complete and rich if it identified physicians. IRB can legally allow the use of data in this way, but DHFS does not intend to ask for this addition at this time. There have also been requests for data by ZIP code. Judith Nugent explained that these data could not be released in fixed price data sets without statutory change. However, they can be released for custom data requests only by IRB approval. Second and third quarter data are finished, and the last affirmations have arrived. DHFS plans to make a few minor modifications, such as formatting based on the current existing comments, before releasing second quarter data. All substantive issues, however, will continue to be brought to the IRB. Dr. Gold asked other IRB members if they were comfortable with how DHFS has been handling POV data distribution and quality improvements. All members stated that they were.

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Policy on severity and/or risk adjustment (continued)

Dr. Zimmerman made a motion that the IRB amend the proposed policy as follows:

Strike the words, "...should not pursue a formal, standardized strategy for risk and/or severity adjustment at this time but..." and add the words "... while the IRB and BHI staff continue to review standardized risk/severity procedures for possible adoption in the future" after the word, "basis."

A motion to approve the policy as amended was passed.

Potential items for upcoming IRB meeting

- Presentations by 3M and Utah Department of Health
- Responses to Alliance and Aurora

Next IRB meeting

The next meeting had been scheduled for March 19, 2004, 10:00 a.m. to 12:00 p.m., at the State Office Building, One West Wilson Street, Conference Room 372, Madison, Wisconsin. However, given the nature of the discussion about the literature search and the possibility of involving the University community, IRB decided to move the meeting a week later to avoid spring break. Therefore, the meeting has been rescheduled to March 26, 2004, on the Madison campus at a place to be determined from 10 a.m. to 2 p.m. IRB asked BHI staff to work out the arrangements to make the meeting legal under the Open Meetings Law.

Adjournment

Dr. Gold adjourned the meeting at 11:08 a.m.

Recorded by David Woldseth
Bureau of Health Information

Jerry Popowski, Secretary

Date Approved: